



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
AKIONA	DERON		225-3753
MAILING ADDRESS (Street)			FAX
3075 Ala Poha Place #807			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
[REDACTED]			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Exclusive Resorts, LLC		202-776-1427
MAILING ADDRESS (Street)		FAX
1717 Rhode Island Ave, NW, Suite 900		202-776-1494
(City)	(State)	(Zip Code)
Washington	DC	20036
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Daniel Nestel		202-776-1427
MAILING ADDRESS (Street)		FAX
1717 Rhode Island Ave, NW, Suite 900		202-776-1494
(City)	(State)	(Zip Code)
Washington	DC	20036

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

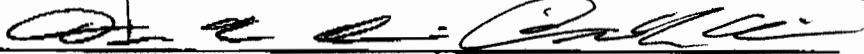
Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

2/1/06

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Daniel Nestel

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Exclusive Resorts, LLC

202-776-1427

MAILING ADDRESS (Street)

FAX

1717 Rhode Island Ave, NW, Suite 900

(City)

(State)

(Zip Code)

Washington

DC

20036

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

2/15/2006

(Signature of Authorizing Officer or Person Represented)

(Date)